

Your Social Security Number:

— —

MONTGOMERY COUNTY, MARYLAND

PERSONAL DATA FORM



CURRENT EMPLOYEE MAKING A CHANGE

PLEASE PRINT CLEARLY!

Name: _____
LAST FIRST MIDDLE INITIAL

FORMER Name, if reporting name change: _____
▲ Legal documentation for name change must be attached ▲

Department Name: _____ Work Phone: _____

NEW Home Address: _____
Street Name City
COUNTY State Zip Code

NEW Home Phone: _____
Area Code

NEW Emergency Contact Name: _____ Relationship: _____

NEW Emergency Contact Phone: _____ Only **ONE** phone number can be recorded.

NEW EMPLOYEE

PLEASE PRINT CLEARLY!

Name: _____
LAST FIRST MIDDLE INITIAL

Home Address: _____
Street Name City
COUNTY State Zip Code

Home Phone: _____
Area Code

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Only **ONE** phone number can be recorded.

SEX: ☐ M ☐ F BIRTHDATE: _____
Month Day Year

ETHNICITY: (Check one. Optional, but needed for compliance with federal EEOC reporting requirements)

☐ [A] American Indian or Alaskan Native ☐ [B] Black/African American ☐ [C] White
☐ [S] Hispanic/Latino ☐ [R] Asian/Pacific Islander

EDUCATIONAL LEVEL: (Check one and show year achieved)

☐ [1] No academic credentials ☐ [2] High School Diploma ☐ [3] Trade Certificate
☐ [4] Some College ☐ [5] Associate Degree ☐ [6] Bachelor's Degree
☐ [7] Master's Degree ☐ [8] Professional Degree ☐ [9] Other Doctorate
☐ [10] PhD

Year Achieved: _____

MILITARY STATUS: (Check one if appropriate)

☐ [A] Active Reserve ☐ [N] Inactive Reserve ☐ [R] Retired ☐ [V] Vietnam Era ☐ [O] Other Veteran

**EMPLOYEE'S
SIGNATURE:** _____

DATE: _____

**NOTE: PLEASE
RETAIN YELLOW
COPY FOR YOUR
RECORDS.**